

IMPORTANT INFORMATION ABOUT YOUR PLAN

- This Schedule of Benefits provides a listing of procedures covered by Your Plan. For procedures that require a Copayment, the amount to be paid is shown in the column titled "Member Pays \$." You pay these Copayments to the dental office at the time of service.
- You must select a United Concordia Primary Dental Office (PDO) to receive Covered Services. Your PDO will perform the below procedures or refer You to a Specialty Care Dentist for further care. Treatment by an Out of Network Dentist is not covered, except as described in the Certificate of Coverage.
- Only procedures listed on this Schedule of Benefits are Covered Services. For services not listed (not covered), You are responsible for the full fee charged by the dentist. Procedure codes and member Copayments may be updated to meet American Dental Association (ADA) Current Dental Terminology (CDT) in accordance with national standards.
- For a complete description of Your Plan, please refer to the Certificate of Coverage and the Schedule of Exclusions and Limitations in addition to this Schedule of Benefits.
- If You have any questions about Your United Concordia Dental Plan, please call Our Customer Service Department toll free at 1-866-357-3304 or access Our Website at www.unitedconcordia.com.

ADA CODE	ADA DESCRIPTION	Member Pays \$	ADA CODE	ADA DESCRIPTION	Member Pays \$
CLINICAL ORAL EVALUATIONS			SPACE MAINTENANCE (passive appliances)		
D0120	Periodic oral evaluation - established patient	10	D1510	Space maintainer - fixed - unilateral	104
D0140	Limited oral evaluation - problem focused	10	D1515	Space maintainer - fixed - bilateral	162
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	10	D1520	Space maintainer - removable - unilateral	130
D0150	Comprehensive oral evaluation - new or established patient	10	D1525	Space maintainer - removable - bilateral	162
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	10	D1550	Re-cementation of space maintainer	18
D0180	Comprehensive periodontal evaluation - new or established patient	8	D1555	Removal of fixed space maintainer	26
RADIOGRAPHS/DIAGNOSTIC IMAGING (including interpretation)			AMALGAM RESTORATIONS (including polishing)		
D0210	Intraoral - complete series (including bitewings)	18	D2140	Amalgam - one surface, primary or permanent	26
D0220	Intraoral - periapical first film	5	D2150	Amalgam - two surfaces, primary or permanent	33
D0230	Intraoral - periapical each additional film	3	D2160	Amalgam - three surfaces, primary or permanent	43
D0240	Intraoral - occlusal film	4	D2161	Amalgam - four or more surfaces, primary or permanent	52
D0270	Bitewing - single film	5	RESIN-BASED COMPOSITE RESTORATIONS - DIRECT		
D0272	Bitewings - two films	7	D2330	Resin-based composite - one surface, anterior	29
D0273	Bitewings - three films	7	D2331	Resin-based composite - two surfaces, anterior	41
D0274	Bitewings - four films	8	D2332	Resin-based composite - three surfaces, anterior	51
D0277	Vertical bitewings - 7 to 8 films	8	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	71
D0330	Panoramic film	18	D2391	Resin-based composite - one surface, posterior	53
D0340	Cephalometric film	16	D2392	Resin-based composite - two surfaces, posterior	75
TESTS AND EXAMINATIONS			D2393	Resin-based composite - three surfaces, posterior	90
D0460	Pulp vitality tests	0	D2394	Resin-based composite - four or more surfaces, posterior	105
D0470	Diagnostic casts	0	INLAY/ONLAY RESTORATIONS		
DENTAL PROPHYLAXIS			D2510	Inlay - metallic - one surface	279 ♦
D1110	Prophylaxis - adult	13	D2520	Inlay - metallic - two surfaces	311 ♦
D1120	Prophylaxis - child	11	D2530	Inlay - metallic - three or more surfaces	383 ♦
TOPICAL FLUORIDE TREATMENT (office procedure)			D2542	Onlay - metallic - two surfaces	352 ♦
D1203	Topical application of fluoride - child	8	D2543	Onlay - metallic - three surfaces	414 ♦
D1204	Topical application of fluoride - adult	7	D2544	Onlay - metallic - four or more surfaces	454 ♦
D1206	Topical fluoride varnish; therapeutic application for moderate to high risk patients	8	CROWNS - SINGLE RESTORATIONS ONLY		
OTHER PREVENTIVE SERVICES			D2710	Crown - resin-based composite (indirect)	151
D1330	Oral hygiene instructions	0	D2712	Crown - 3/4 resin-based composite (indirect)	151
D1351	Sealant - per tooth	11	D2740	Crown - porcelain/ceramic substrate	550
			D2750	Crown - porcelain fused to high noble metal	500 ♦
			D2751	Crown - porcelain fused to predominantly base metal	475

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D2752	Crown - porcelain fused to noble metal	490◆	D3426	Apicoectomy/periradicular surgery (each additional root)	119
D2790	Crown - full cast high noble metal	500◆	D3430	Retrograde filling - per root	0
D2791	Crown - full cast predominantly base metal	475	D3450	Root amputation - per root	154
D2792	Crown - full cast noble metal	490◆	OTHER ENDODONTIC PROCEDURES		
D2794	Crown - titanium	475	D3920	Hemisection (including any root removal), not including root canal therapy	140
D2799	Provisional crown	124	D3950	Canal preparation and fitting of preformed dowel or post	0
OTHER RESTORATIVE SERVICES			SURGICAL SERVICES		
D2910	Recement inlay, onlay, or partial coverage restoration	37	(including usual postoperative care)		
D2915	Recement cast or prefabricated post and core	33	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	259
D2920	Recement crown	37	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	95
D2930	Prefabricated stainless steel crown - primary tooth	114	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	210
D2931	Prefabricated stainless steel crown - permanent tooth	126	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	84
D2950	Core buildup, including any pins	97	D4249	Clinical crown lengthening - hard tissue	300
D2951	Pin retention - per tooth, in addition to restoration	14	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	390
D2952	Post and core in addition to crown, indirectly fabricated	148	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	156
D2953	Each additional indirectly fabricated post - same tooth	75	D4263	Bone replacement graft - first site in quadrant	140
D2954	Prefabricated post and core in addition to crown	118	D4264	Bone replacement graft - each additional site in quadrant	135
D2957	Each additional prefabricated post - same tooth	59	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	253
D2970	Temporary crown (fractured tooth)	119	NON-SURGICAL PERIODONTAL SERVICES		
D2971	Additional procedures to construct new crown under existing partial denture framework	25	D4341	Periodontal scaling and root planing - four or more teeth per quadrant	83
PULP CAPPING			D4342	Periodontal scaling and root planing - one to three teeth per quadrant	21
D3110	Pulp cap - direct (excluding final restoration)	0	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	55
D3120	Pulp cap - indirect (excluding final restoration)	0	D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, per report	100
PULPOTOMY			OTHER PERIODONTAL SERVICES		
D3220	Therapeutic pulpotomy (excluding final restoration)	57	D4910	Periodontal maintenance	58
D3221	Pulpal debridement, primary and permanent teeth	26	COMPLETE DENTURES		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	57	(including routine post-delivery care)		
ENDODONTIC THERAPY ON PRIMARY TEETH			D5110	Complete denture - maxillary	425
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	114	D5120	Complete denture - mandibular	425
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	137	D5130	Immediate denture - maxillary	450
ENDODONTIC THERAPY			D5140	Immediate denture - mandibular	450
(including treatment plan, clinical procedures and follow-up care)			PARTIAL DENTURES		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	225	(including routine post-delivery care)		
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	285	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	345
D3330	Endodontic therapy, molar (excluding final restoration)	360	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	345
ENDODONTIC RETREATMENT					
D3346	Retreatment of previous root canal therapy - anterior	325			
D3347	Retreatment of previous root canal therapy - bicuspid	375			
D3348	Retreatment of previous root canal therapy - molar	460			
APICTECTOMY/PERIRADICULAR SERVICES					
D3410	Apicoectomy/periradicular surgery - anterior	228			
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	255			
D3425	Apicoectomy/periradicular surgery - molar (first root)	255			

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D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	475	FIXED PARTIAL DENTURE RETAINERS - CROWNS		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	475	D6710	Crown - indirect resin based composite	550
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	546	D6740	Crown - porcelain/ceramic	550
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	546	D6750	Crown - porcelain fused to high noble metal	500◆
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	235	D6751	Crown - porcelain fused to predominantly base metal	475
ADJUSTMENTS TO DENTURES			D6752	Crown - porcelain fused to noble metal	490◆
D5410	Adjust complete denture - maxillary	27	D6790	Crown - full cast high noble metal	500◆
D5411	Adjust complete denture - mandibular	27	D6791	Crown - full cast predominantly base metal	475
D5421	Adjust partial denture - maxillary	27	D6792	Crown - full cast noble metal	490◆
D5422	Adjust partial denture - mandibular	27	D6794	Crown - titanium	475
REPAIRS TO COMPLETE DENTURES			OTHER FIXED PARTIAL DENTURE SERVICES		
D5510	Repair broken complete denture base	70	D6930	Recement fixed partial denture	53
D5520	Replace missing or broken teeth - complete denture (each tooth)	65	D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	143
REPAIRS TO PARTIAL DENTURES			D6972	Prefabricated post and core in addition to fixed partial denture retainer	127
D5610	Repair resin denture base	70	D6973	Core build up for retainer, including any pins	97
D5620	Repair cast framework	85	D6976	Each additional indirectly fabricated post - same tooth	58
D5630	Repair or replace broken clasp	85	D6977	Each additional prefabricated post - same tooth	64
D5640	Replace broken teeth - per tooth	70	EXTRACTIONS		
D5650	Add tooth to existing partial denture	85	(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5660	Add clasp to existing partial denture	90	D7111	Extraction, coronal remnants - deciduous tooth	20
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	309	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	44
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	309	SURGICAL EXTRACTIONS		
DENTURE REBASE PROCEDURES			(includes local anesthesia, suturing, if needed, and routine postoperative care)		
D5710	Rebase complete maxillary denture	180	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	81
D5711	Rebase complete mandibular denture	180	D7220	Removal of impacted tooth - soft tissue	99
D5720	Rebase maxillary partial denture	165	D7230	Removal of impacted tooth - partially bony	130
D5721	Rebase mandibular partial denture	165	D7240	Removal of impacted tooth - completely bony	153
DENTURE RELINE PROCEDURES			D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	181
D5730	Reline complete maxillary denture (chairside)	106	D7250	Surgical removal of residual tooth roots (cutting procedure)	87
D5731	Reline complete mandibular denture (chairside)	106	D7251	Coronectomy - intentional partial tooth removal	153
D5740	Reline maxillary partial denture (chairside)	95	OTHER SURGICAL PROCEDURES		
D5741	Reline mandibular partial denture (chairside)	95	D7280	Surgical access of an unerupted tooth	136
D5750	Reline complete maxillary denture (laboratory)	150	D7283	Placement of device to facilitate eruption of impacted tooth	34
D5751	Reline complete mandibular denture (laboratory)	150	D7288	Brush biopsy - transepithelial sample collection	45
D5760	Reline maxillary partial denture (laboratory)	150	ALVEOLOPLASTY		
D5761	Reline mandibular partial denture (laboratory)	150	(surgical preparation of ridge for dentures)		
OTHER REMOVABLE PROSTHETIC SERVICES			D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	70
D5850	Tissue conditioning, maxillary	65	D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	91
D5851	Tissue conditioning, mandibular	65	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	36
FIXED PARTIAL DENTURE PONTICS			SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS		
D6205	Pontic - indirect resin based composite	550	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25cm	99
D6210	Pontic - cast high noble metal	500◆			
D6211	Pontic - cast predominantly base metal	475			
D6212	Pontic - cast noble metal	490◆			
D6214	Pontic - titanium	475			
D6240	Pontic - porcelain fused to high noble metal	500◆			
D6241	Pontic - porcelain fused to predominantly base metal	475			
D6242	Pontic - porcelain fused to noble metal	490◆			
D6245	Pontic - porcelain/ceramic	550			

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OTHER REPAIR PROCEDURES			MISCELLANEOUS SERVICES		
D7960	Frenulectomy – also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	134	★	Broken appointment per 15 minutes (without 24-hour notice)	11
D7963	Frenuloplasty	67	FOOTNOTES		
LIMITED ORTHODONTIC TREATMENT			†	Please report under code D8999 "Unspecified orthodontic procedure, by report." Records include all diagnostic procedures, such as cephalometric films, full mouth x-rays, models, and treatment plans.	
D8010	Limited orthodontic treatment of the primary dentition	750	★	Please report under code D9999 "Unspecified adjunctive procedure, by report."	
D8020	Limited orthodontic treatment of the transitional dentition	750	◆	Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional \$125 for these materials.	
D8030	Limited orthodontic treatment of the adolescent dentition	750			
D8040	Limited orthodontic treatment of the adult dentition	750			
INTERCEPTIVE ORTHODONTIC TREATMENT					
D8050	Interceptive orthodontic treatment of the primary dentition	900			
D8060	Interceptive orthodontic treatment of the transitional dentition	900			
COMPREHENSIVE ORTHODONTIC TREATMENT					
D8070	Comprehensive orthodontic treatment of the transitional dentition	2,900			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	2,900			
D8090	Comprehensive orthodontic treatment of the adult dentition	2,900			
MINOR TREATMENT TO CONTROL HARMFUL HABITS					
D8210	Removable appliance therapy	375			
D8220	Fixed appliance therapy	375			
OTHER ORTHODONTIC SERVICES					
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	275			
†	Orthodontic records fee	250			
UNCLASSIFIED TREATMENT					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	26			
PROFESSIONAL CONSULTATION					
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	48			
PROFESSIONAL VISITS					
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0			
D9440	Office visit, after regularly scheduled hours	54			